



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

STANDARDS OF CARE COMMITTEE MEETING MINUTES

July 3, 2008

approved
2/05/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Angelica Palmeros, <i>Co-Chair</i>	Sharon Chamberlain	Joanne Granai	Angela Boger	Phil Meyer
Fariba Younai, <i>Co-Chair</i>	Ron Snyder	Miki Jackson	Michael Green	Jane Nachazel
Mark Davis		Rich Mathias	Terina Keresoma	Glenda Pinney
Maxine Franklin		Jenny O'Malley	Tia Mao	Doris Reed
Terry Goddard			Shobita Rajagopalan	Craig Vincent-Jones
David Giugni			Juhua Wu	
Brad Land				
Everardo Orozco				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Standards of Care Committee Agenda, 7/3/2008
- 2) **Standard of Care:** Medical Care Coordination Services, 2/26/2008
- 3) **Comments:** OAPP re Medical Care Coordination Services Standards of Care, 7/3/2008
- 4) **Standard of Care:** Hospice Services, 5/19/2008
- 5) **Standard of Care:** Skilled Nursing Facility Services, 5/19/2008
- 6) **Standard of Care:** Referral Services, 4/22/2008

1. **CALL TO ORDER:** Dr. Younai called the meeting to order at 8:15 am.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:** There were no minutes.
MOTION #2: Approve Standards of Care Committee meeting minutes (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** Mr. Orozco asked why bus passes had been limited in SPA #2. Ms. Franklin responded that providers previously received an unlimited amount, but now because bus pass prices have increased and due to limited resources, agencies receive monthly allocations in addition to monthly reports to help them manage their bus pass supplies. She informed Mr. Orozco that she would follow-up on his concerns.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:** Mr. Vincent-Jones said most committees would cancel August meetings, but SOC needed to meet.
8. **STANDARDS OF CARE:**
 - A. **Medical Care Coordination (MCC):**
 - **Service Introduction, Pg. 5:** Change "system" to "service" to clarify its distinction from "program."

Standards of Care Committee Meeting Minutes

July 3, 2008

Page 2 of 3

- The Committee agreed to delete the language in every standard that states "...provided under contract with the Los Angeles County Office of AIDS Programs and Policy" to reflect that minimum standards are expected of all HIV/AIDS service providers not only those with OAPP-contracted services.
- Add language to clarify that, while MCC service components must be described sequentially, in fact, the processes are meant to be concurrent.
- **Service/Organizational Licensure Category, Pg. 8:** "Social worker" to be used when social work function indicated, but "Medical Care Manager" to be used otherwise in association with "Patient Care Coordinator" for social work/supervision, social work, and nurse positions. Mr. Vincent-Jones and Mr. Meyer will review the standard for appropriate usage.
- **Definitions and Descriptions, Pg. 9:** Mr. Vincent-Jones and Mr. Meyer will develop a more complete glossary of terms.
- **Service Components, Pg. 17:** It was noted that Benefits Specialty is in a transition period during which it may be funded both as part of and independent of MCC. Mr. Vincent-Jones noted that an informational memo will help clarify its status.
- "Referral and coordination of care" expanded to "Referral, coordination of care and linkages."
- **General Service Considerations, Pg. 18:** Mr. Vincent-Jones said that a guideline memo will clarify co-management of MCC and Medical Outpatient with information from MCC also added to the Medical Outpatient standards.
- Mr. Vincent-Jones and Mr. Meyer will review use of "provider" to ensure clarity.
- Case load language will be clarified to reflect that it is per individual.
- Mr. Vincent-Jones and Mr. Meyer will review the standard to ensure that "functions" versus "roles" are clear.
- **Outreach, Pg. 19:** Mr. Vincent-Jones will provide language to Mr. Meyer on "point of entry" throughout the continuum.
- "Outreach" and "Service Planning Network (SPN)" will be added to the definition section.
- **Intake, Pg. 20:** It will be clarified that a referral may be to any provider not only that of the point-of-contact staff.
- **Intake, Pg. 21:** Change "programs must develop the following forms" to "have the forms on file" throughout the document.
- Add "Notice of Privacy Practices (HIPAA)" to listing of forms.
- **Patient Assessment/Reassessment, Pg. 22:** Mr. Vincent-Jones will provide language to Mr. Meyer to enhance delineation of assessment, annual reassessment and updates as needed.
- End the second paragraph sentence with, "The assessment organizes and synthesizes patient information from many sources."
- **Patient Assessment/Reassessment, Pg. 23:** Add that reassessments will re-address previously identified issues.
- **Patient Assessment/Reassessment, Pg. 25:** Add "when indicated" to "A patient's primary support person should also be assessed . . ."
- **Comprehensive Treatment Plan, Pg. 26:** Add "but not limited to" to "The comprehensive treatment plan is based on the following:"
- **Comprehensive Treatment Plan, Pg. 28:** Change to: "For patients with benefits need, a benefits plan will be included..."
- Add "care management team" to definition section.
- **Patient Self-Efficacy and Care, Pg. 31:** Change sentence to, "As appropriate and feasible, staff will encourage patients to facilitate the multidisciplinary communication among their providers."
- **HIV Prevention, Education and Counseling, Pg. 35:** MMWR reference will be included as an attachment to maintain material while permitting review.
- **Patient Retention, Pg. 36:** Add "not lost to follow-up" to, "Programs will develop and implement patient contact policy for homeless . . ."
- **Staffing Requirements and Qualifications, Pg. 39:** Remove all procurement-related language in the document.
- Remove qualifications listed as "preferred" since they are not pertinent to minimum standards.
- **Staffing Requirements and Qualifications/Case Workers, Pg. 40:** Remove "no degree or diploma" option. Staffing exceptions will be addressed through already existing exemption language on the next page.
- Delete "OAPP's" before "Case Worker Training."
- Edit first sentence of last paragraph to read, "All care managers and case workers providing benefits specialty services will successfully complete benefits specialty training within three months of being hired."
- **Staffing Requirements and Qualifications/Staff Development/Staff Development and Education, Pg. 41:** Committee agreed to remove the last sentence of the first paragraph.
- **Staffing Requirements and Qualifications/Patient-Care Related Supervision, Pg. 41:** Change "co-direct" to "co-manage" in last sentence of first paragraph.

Standards of Care Committee Meeting Minutes

July 3, 2008

Page 3 of 3

- B. Hospice Services:** Dr. Green proposed developing standard language for home hospice services. OAPP reported difficulty in locating residential hospice facilities. While residential hospice may continue to be needed and funded, it could become easier over time to identify and support home hospice agencies necessitating better delineation in the standard. The Committee agreed to incorporate a section related to home-based hospice services and review the draft again at the August SOC meeting.
 - C. Skilled Nursing:** The standard will be presented at the July Commission Meeting for public comment, including an explanation about its separation from Hospice Services.
 - D. Referral:** Mr. Vincent-Jones reported that the HRSA definition had been reviewed with OAPP and the agency providing the current service to develop this as a full service standard. It addresses the *HIV LA Resource Directory*, which was funded previously through program support funds. The standard was revised to reflect that fact sheets are a separate function, and that “appropriateness validation” followed data verification. The standard will be presented at the July Commission meeting for public comment.
9. **GRIEVANCE POLICIES AND PROCEDURES:** There policies/procedures are not ready for review.
10. **MEDICAL OUTPATIENT RATE STUDY:** Dr. Green reported the final draft from Mercer, which incorporated OAPP comments, was expected shortly. He noted that the new proposed rates are higher than those included in Mercer’s preliminary draft.
11. **AETC:** There was no report.
12. **COMMITTEE WORKPLAN UPDATE:** There was no report.
13. **NEXT STEPS:** There was no report.
14. **ANNOUNCEMENTS:** Mr. Orozco announced that he attended a very helpful leadership training for 44 people, conducted by the AltaMed CDI. Mr. Vincent-Jones recommended getting a list of attendees at such events to facilitate follow-up and possible recruitment.
15. **ADJOURNMENT:** The meeting was adjourned at 11:15 am.